Investigation #
(Professional Standards Office Use Only)

Date/Time

FARGO POLICE DEPARTMENT

COMPLAINT FORM

(Please Print) Name: Address: <u>िंभ</u>ि Business Phone: Home Phone: Best time to Reach: Time/Date of Incident: Location of Incident: Name/ID # of Employee being complained on (if known): **Details of Complaint:** (Use additional sheets if necessary) affirm that the forgoing information provided by me is true and SULTHU

Complainant's Signature